



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

Aetna Insurance Company of Connecticut

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	36153	Employer's ID Number	06-1286276
Organized under the Laws of	Connecticut				State of Domicile or Port of Entry	CT
Country of Domicile	United States of America					
Incorporated/Organized	01/03/1990			Commenced Business	01/12/1990	
Statutory Home Office	151 Farmington Avenue (Street and Number)			Hartford , CT, US 06156 (City or Town, State, Country and Zip Code)		
Main Administrative Office	151 Farmington Avenue (Street and Number)					
	Hartford , CT, US 06156 (City or Town, State, Country and Zip Code)			860-273-0123 (Area Code) (Telephone Number)		
Mail Address	151 Farmington Avenue, RT21 (Street and Number or P.O. Box)			Hartford , CT, US 06156 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	151 Farmington Avenue (Street and Number)					
	Hartford , CT, US 06156 (City or Town, State, Country and Zip Code)			800-872-3862 (Area Code) (Telephone Number)		
Internet Website Address	N/A					
Statutory Statement Contact	Bradley Andrew Thompson (Name)			860-273-7297 (Area Code) (Telephone Number)		
	ThompsonB8@aetna.com (E-mail Address)			860-273-8968 (FAX Number)		

OFFICERS

President and Secretary	Edward Chung-I Lee #	Vice President and Treasurer	John Patrick Maroney
Controller	Bradley Andrew Thompson #		

OTHER

Edward Chung-I Lee #		

DIRECTORS OR TRUSTEES

State of \_\_\_\_\_ SS:  
County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Edward Chung-I Lee President and Secretary	Bradley Andrew Thompson Controller	John Patrick Maroney Vice President and Treasurer
Subscribed and sworn to before me this _____ day of _____		a. Is this an original filing? ..... Yes [ X ] No [ ] b. If no, 1. State the amendment number..... 2. Date filed ..... 3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT				
ASSETS				
	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	13,705,556		13,705,556	13,786,227
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....			0	0
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....			0	0
encumbrances) .....				
4.3 Properties held for sale (less \$ .....			0	0
encumbrances) .....				
5. Cash (\$ .....320,327 , Schedule E - Part 1), cash equivalents				
(\$ .....2,155,332 , Schedule E - Part 2) and short-term				
investments (\$ .....0 , Schedule DA) .....	2,475,659		2,475,659	2,047,101
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivable for securities .....	4,813	0	4,813	4,813
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	16,186,028	0	16,186,028	15,838,141
13. Title plants less \$ ..... charged off (for Title insurers				
only) .....			0	0
14. Investment income due and accrued .....	111,055	0	111,055	111,611
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$ .....				
earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and				
contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	19,538	12,353	7,185	9,517
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets				
(\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	45,338	0	45,338	144,682
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	16,361,958	12,353	16,349,605	16,103,950
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....			0	0
28. Total (Lines 26 and 27)	16,361,958	12,353	16,349,605	16,103,950
<b>DETAILS OF WRITE-INS</b>				
1101. 0 .....	0	0	0	0
1102. 0 .....	0	0	0	0
1103. 0 .....	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. State premium taxes recoverable .....	45,338	0	45,338	144,682
2502. 0 .....	0	0	0	0
2503. 0 .....	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	45,338	0	45,338	144,682

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	227,718	246,147
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	0	
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....		3,238
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	165,672	166,983
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	23,755	26,891
7.2 Net deferred tax liability .....		
8. Borrowed money \$ .....0 and interest thereon \$ .....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ .....0 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ .....0 for medical loss ratio rebate per the Public Health Service Act) .....		
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	0	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....	0	0
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ .....0 certified) (Schedule F, Part 8) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	14,570	14,825
20. Derivatives .....	0	0
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	431,715	458,083
27. Protected cell liabilities .....	0	
28. Total liabilities (Lines 26 and 27) .....	431,715	458,083
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	3,000,000	3,000,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....	0	
34. Gross paid in and contributed surplus .....	11,736,150	11,736,150
35. Unassigned funds (surplus) .....	1,181,740	909,718
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	15,917,890	15,645,868
38. TOTALS (Page 2, Line 28, Col. 3)	16,349,605	16,103,951
DETAILS OF WRITE-INS		
2501. 0 .....	0	0
2502. 0 .....	0	0
2503. 0 .....	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)		0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	( 18,209)	(29,101)
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	0	
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	142,412	102,595
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	124,203	73,494
7. Net income of protected cells		
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	( 124,203)	(73,494)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	440,913	441,053
10. Net realized capital gains or (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses) )	(7,151)	0
11. Net investment gain (loss) (Lines 9 + 10)	433,762	441,052
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )	0	0
13. Finance and service charges not included in premiums		
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	309,559	367,558
17. Dividends to policyholders		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	309,559	367,558
19. Federal and foreign income taxes incurred	35,204	54,279
20. Net income (Line 18 minus Line 19)(to Line 22)	274,355	313,279
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	15,645,868	15,301,437
22. Net income (from Line 20)	274,355	313,279
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$		
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax	(22,122)	63,295
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	19,790	(32,143)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes		
30. Surplus (contributed to) withdrawn from protected cells		
31. Cumulative effect of changes in accounting principles		
32. Capital changes:		
32.1 Paid in		
32.2 Transferred from surplus (Stock Dividend)		
32.3 Transferred to surplus		
33. Surplus adjustments:		
33.1 Paid in	0	0
33.2 Transferred to capital (Stock Dividend)		
33.3 Transferred from capital		
34. Net remittances from or (to) Home Office		
35. Dividends to stockholders		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	272,023	344,431
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	15,917,891	15,645,868
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401.		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	0	0
2. Net investment income .....	415,002	408,723
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	415,002	408,723
5. Benefit and loss related payments .....	220	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	47,617	(14,665)
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	38,340	39,537
10. Total (Lines 5 through 9) .....	86,178	24,872
11. Net cash from operations (Line 4 minus Line 10) .....	328,824	383,851
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	99,993	145,624
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	99,993	145,624
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	99,993	145,624
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(255)	(18,856)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(255)	(18,856)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	428,562	510,619
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	2,047,103	1,536,484
19.2 End of period (Line 18 plus Line 19.1) .....	2,475,666	2,047,103

Non cash bond exchanges

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

Underwriting and Investment Exhibit - Part 1B - Premiums Written

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 -3 )	Net Losses Unpaid Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire .....	0			0	0	0	0	0.0
2.	Allied lines .....	0			0	0	0	0	0.0
3.	Farmowners multiple peril .....	0			0	0	0	0	0.0
4.	Homeowners multiple peril .....	0			0	0	0	0	0.0
5.	Commercial multiple peril .....	0			0	0	0	0	0.0
6.	Mortgage guaranty .....	0			0	0	0	0	0.0
8.	Ocean marine .....	0			0	0	0	0	0.0
9.	Inland marine .....	0			0	0	0	0	0.0
10.	Financial guaranty .....	0			0	0	0	0	0.0
11.1	Medical professional liability - occurrence .....				0	0	0	0	0.0
11.2	Medical professional liability - claims-made .....				0	0	0	0	0.0
12.	Earthquake .....	0			0	0	0	0	0.0
13.	Group accident and health .....	0			0	0	0	0	0.0
14.	Credit accident and health (group and individual) .....	0			0	0	0	0	0.0
15.	Other accident and health .....	0			0	0	0	0	0.0
16.	Workers' compensation .....	0			0	0	0	0	0.0
17.1	Other liability - occurrence .....	0			0	0	0	0	0.0
17.2	Other liability - claims-made .....	0			0	0	0	0	0.0
17.3	Excess workers' compensation .....	0			0	0	0	0	0.0
18.1	Products liability - occurrence .....				0	0	0	0	0.0
18.2	Products liability - claims-made .....				0	0	0	0	0.0
19.1, 19.2	Private passenger auto liability .....	0	220		220	227,718	246,147	(18,209)	0.0
19.3, 19.4	Commercial auto liability .....	0			0	0	0	0	0.0
21.	Auto physical damage .....	0			0	0	0	0	0.0
22.	Aircraft (all perils) .....	0			0	0	0	0	0.0
23.	Fidelity .....	0			0	0	0	0	0.0
24.	Surety .....	0			0	0	0	0	0.0
26.	Burglary and theft .....	0			0	0	0	0	0.0
27.	Boiler and machinery .....	0			0	0	0	0	0.0
28.	Credit .....	0			0	0	0	0	0.0
29.	International .....				0	0	0	0	0.0
30.	Warranty .....	0			0	0	0	0	0.0
31.	Reinsurance - nonproportional assumed property .....	XXX			0	0	0	0	0.0
32.	Reinsurance - nonproportional assumed liability .....	XXX			0	0	0	0	0.0
33.	Reinsurance - nonproportional assumed financial lines .....	XXX			0	0	0	0	0.0
34.	Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35.	TOTALS	0	220	0	220	227,718	246,147	(18,209)	0.0
DETAILS OF WRITE-INS									
3401.	.....								
3402.	.....								
3403.	.....								
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
Line of Business		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire .....				0				0	
2.	Allied lines .....				0				0	
3.	Farmowners multiple peril .....				0				0	
4.	Homeowners multiple peril .....				0				0	
5.	Commercial multiple peril .....				0				0	
6.	Mortgage guaranty .....				0				0	
8.	Ocean marine .....				0				0	
9.	Inland marine .....				0				0	
10.	Financial guaranty .....				0				0	
11.1	Medical professional liability - occurrence .....				0				0	
11.2	Medical professional liability - claims-made .....				0				0	
12.	Earthquake .....				0				0	
13.	Group accident and health .....				0				(a) 0	
14.	Credit accident and health (group and individual) .....				0				0	
15.	Other accident and health .....				0				(a) 0	
16.	Workers' compensation .....				0				0	
17.1	Other liability - occurrence .....				0				0	
17.2	Other liability - claims-made .....				0				0	
17.3	Excess workers' compensation .....				0				0	
18.1	Products liability - occurrence .....				0				0	
18.2	Products liability - claims-made .....				0				0	
19.1, 19.2	Private passenger auto liability .....		227,718		227,718				227,718	
19.3, 19.4	Commercial auto liability .....				0				0	
21.	Auto physical damage .....				0				0	
22.	Aircraft (all perils) .....				0				0	
23.	Fidelity .....				0				0	
24.	Surety .....				0				0	
26.	Burglary and theft .....				0				0	
27.	Boiler and machinery .....				0				0	
28.	Credit .....				0				0	
29.	International .....				0				0	
30.	Warranty .....				0				0	
31.	Reinsurance - nonproportional assumed property .....	XXX			0	XXX			0	
32.	Reinsurance - nonproportional assumed liability .....	XXX			0	XXX			0	
33.	Reinsurance - nonproportional assumed financial lines .....	XXX			0	XXX			0	
34.	Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0
35.	TOTALS .....	0	227,718	0	227,718	0	0	0	227,718	0
DETAILS OF WRITE-INS										
3401.	.....									
3402.	.....									
3403.	.....									
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0

(a) Including \$ ..... for present value of life indemnity claims.



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT				
UNDERWRITING AND INVESTMENT EXHIBIT				
PART 3 - EXPENSES				
	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct .....				0
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....				0
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct excluding contingent .....				0
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....				0
2.4 Contingent - direct .....				0
2.5 Contingent - reinsurance assumed .....				0
2.6 Contingent - reinsurance ceded .....				0
2.7 Policy and membership fees .....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	0	0	0
3. Allowances to managers and agents .....				0
4. Advertising .....				0
5. Boards, bureaus and associations .....				0
6. Surveys and underwriting reports .....				0
7. Audit of assureds' records .....			1,798	1,798
8. Salary and related items:				
8.1 Salaries .....		7,292		7,292
8.2 Payroll taxes .....				0
9. Employee relations and welfare .....			11	11
10. Insurance .....				0
11. Directors' fees .....				0
12. Travel and travel items .....			82	82
13. Rent and rent items .....			261	261
14. Equipment .....			281	281
15. Cost or depreciation of EDP equipment and software .....				0
16. Printing and stationery .....			3	3
17. Postage, telephone and telegraph, exchange and express .....			991	991
18. Legal and auditing .....			20	20
19. Totals (Lines 3 to 18) .....	0	7,292	3,447	10,739
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		44,462		44,462
20.2 Insurance department licenses and fees .....		83,302		83,302
20.3 Gross guaranty association assessments .....		6,900		6,900
20.4 All other (excluding federal and foreign income and real estate) .....		457		457
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	135,120	0	135,120
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	0	0	908	908
25. Total expenses incurred .....	0	142,412	4,356 (a)	146,768
26. Less unpaid expenses - current year .....	0	165,672		165,672
27. Add unpaid expenses - prior year .....	0	166,983	3,238	170,220
28. Amounts receivable relating to uninsured plans, prior year .....				0
29. Amounts receivable relating to uninsured plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	143,723	7,593	151,316
<b>DETAILS OF WRITE-INS</b>				
2401. Sundry .....			908	908
2402. ....				
2403. ....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	908	908

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a) .....174,448	.....174,285
1.1	Bonds exempt from U.S. tax .....	(a) .....214,620	.....214,620
1.2	Other bonds (unaffiliated) .....	(a) .....35,357	.....34,961
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5	Contract loans .....	.....	.....
6	Cash, cash equivalents and short-term investments .....	(e) .....21,401	.....21,404
7	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	445,826	445,269
11.	Investment expenses .....		(g) .....4,356
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		4,356
17.	Net investment income (Line 10 minus Line 16)		440,914
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ .....36,658 accrual of discount less \$ .....10,191 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ .....21,358 accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	0	(7,150)	(7,150)	0	0
1.1	Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2	Other bonds (unaffiliated) .....	0	0	0	0	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	0	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	0	0	0	0	0
4.	Real estate .....	0	0	0	0	0
5.	Contract loans .....	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7.	Derivative instruments .....	0	0	0	0	0
8.	Other invested assets .....	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10.	Total capital gains (losses) .....	0	(7,150)	(7,150)	0	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....	0		0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....	0		0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....	12,353	32,143	19,790
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivables from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....			0
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	12,353	32,143	19,790
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	12,353	32,143	19,790
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

The financial statements of Aetna Insurance Company of Connecticut (the "Company") are presented on the basis of accounting practices prescribed or permitted by the State of Connecticut Insurance Department.

The State of Connecticut Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Connecticut for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Connecticut Insurance Law ("Connecticut Accounting Practices"). The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual ("NAIC SAP") has been adopted as a component of Connecticut Insurance Law. The Company currently does not have any permitted practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Connecticut is shown below:

	<u>SSAP#</u>	<u>F/S</u> <u>Page</u>	<u>F/S</u> <u>Line#</u>	<u>2017</u>	<u>2016</u>
<b>NET INCOME</b>					
Aetna Insurance Company of Connecticut state basis (Page 4, Line 20, Columns 1 & 2)				\$ 274,355	\$ 313,279
(1) State Prescribed Practices that increase/decrease NAIC SAP				-	-
(3) State Permitted Practices that increase/decrease NAIC SAP				-	-
(4) NAIC SAP (1 – 2 – 3 = 4)				\$ 274,355	\$ 313,279
<b>SURPLUS</b>					
Aetna Insurance Company of Connecticut state basis (Page 3, line 37, Columns 1 & 2)				\$ 15,917,890	\$ 15,645,868
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)				\$ 15,917,890	\$ 15,645,868

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Connecticut Insurance Law requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The Company had no active business during 2017 or 2016. The Company reports assumed group auto reserve that is in run off.

Losses include, to the extent reasonably estimable, provisions for payments to be made on reported losses and losses incurred but not reported. Incurred but not reported losses include estimates of payments to be made on claims reported as of the balance sheet date and estimates of claims rendered but not reported to the Company as of the balance sheet date. Changes in estimates are recorded in losses incurred in current earnings in the period they are determined. Loss adjustment expenses represent costs incurred related to the claim settlement process such as costs to record, process and adjust claims. Loss adjustment expenses are calculated based on a percentage of premiums paid

The Company is included in the consolidated federal income tax return of its parent company, Aetna, and Aetna's other wholly owned subsidiaries pursuant to the terms of a tax sharing agreement. In accordance with the Aetna and Subsidiaries Tax Sharing Agreement effective January 1, 2006 between Aetna and the Company, the Company's current Federal income tax provisions are generally computed as if the Company were filing a separate Federal income tax return. Current income tax benefits, including those resulting from net operating losses, are recognized to the extent realized in the consolidated return. Pursuant to this agreement, the Company has the enforceable right to recoup Federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to Federal income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in Statutory Statement of Accounting Principles ("SSAP") SSAP No. 101, Income Taxes ("SSAP No. 101"). DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences, which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with IRS tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing ("EDP") equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").  
  
The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15 percent of Stat Cap ExDTA, 1 year and 10 percent of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.
- c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus (“Change in net deferred income tax”) except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as “Change in net unrealized capital gains (losses)”, also a separate component of gains and losses in surplus.

In addition, the Company uses the following accounting policies:

1.
- Bonds designated Class 1 and 2 by the NAIC are carried at amortized cost. Bonds designated Class 3 through 6 by the NAIC are carried at the lower of fair value or amortized cost. Loan-backed and structured securities are carried at amortized cost adjusted for unamortized premiums and discounts. Premiums and discounts on loan-backed and structured securities are amortized using the interest method over the estimated remaining term of the securities, adjusted for anticipated prepayments. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus. Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities, an other-than-temporary impairment (“OTTI”) shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For loan-backed and structured securities, the Company records OTTI when the fair value of the loan-backed or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security’s effective interest rate and this difference is also accounted for as a realized capital loss.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee’s current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from our expectations and the risk that facts and circumstances factored into our assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

2.
- Fair values of bonds are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, fair value is determined using broker quotes or an internal analysis of each investment’s financial performance and cash flow projections.
3.
- Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value.
4.
- Realized capital gains or losses are recorded on the specific identification method as the difference between current book/adjusted carrying value and sales proceeds of specific investments sold and are reported in net income. Realized capital losses also include write-downs on bonds considered to be other-than-temporarily impaired, including any other-than-temporary interest-related impairments.
5.
- Reinsurance premiums, commissions, expense reimbursements, and reserves related to reinsured business are accounted for on a basis consistent with terms of the reinsurance contracts. Premiums ceded to other companies have been reported as a reduction to premium income. Amounts applicable to reinsurance ceded for losses have been reported as reductions of those items. Reinsurance contracts do not relieve the Company from its obligations to policyholders as the primary insurer.

D. **Going Concern**

As of March 1, 2018, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern

**NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2017 and 2016.

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

Not applicable.

**NOTE 4 – DISCONTINUED OPERATIONS**

Not applicable.

**NOTE 5 – INVESTMENTS**

- A.
- Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable.

- B.
- Debt Restructuring

Not applicable.

- C.
- Reverse Mortgages

Not applicable.

NOTES TO FINANCIAL STATEMENTS

- D.      Loan-Backed Securities
- (1)

Prepayment assumptions for single class and multi-class mortgage backed/asset backed securities were obtained from industry market sources.
- (2)

The Company had no OTTI at December 31, 2017 on loan-backed securities in which the Company had the intent to sell or did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis in accordance with SSAP No. 43R, Loan-Backed and Structured Securities.
- (3)

The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis, at the reporting date December 31, 2017.
- (4)

The Company had no unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2017.
- (5)

Not applicable.
- E.      Repurchase Agreements and/or Securities Lending Transactions
- (1)

The Company requires a minimum of 102% of fair value on the securities that collateralize the loans.
- (2)

The Company has not pledged any of its assets as collateral as of either December 31, 2017 or 2016.
- (3)

Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or re-pledge as of either December 31, 2017 or 2016.
- (4)

The Company does not have securities lending transactions administered by an affiliated agent.
- (5)

Not applicable.
- (6)

As of December 31, 2017, the Company has not accepted any collateral that it is not permitted by contract or custom to sell or repledge.
- (7)

The Company has no securities lending reinvestment collateral that extend beyond one year from December 31, 2017.
- F.      Real Estate
- Not applicable.
- G.      Investments in Low-Income Housing Trade Credits (LIHTC)
- Not applicable.
- H.      Other Disclosures and Unusual Items
- (1)

Restricted Assets (Including Pledged)

(a) Subset of column 1

	Gross Restricted									Percentage		
	Current Period					6	7	8		9	10	11
	1	2	3	4	5							
	Total General Account (G/A)	G/A Supporting Protected Cell Restricted Assets (a)	Total Protected Cell Restricted Assets	Protected Cell Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Current Period Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
a. Subject to contractual obligation for which liability is not shown												
b. Collateral held under security lending arrangements												
c. Subject to repurchase agreements												
d. Subject to reverse repurchase agreements												
e. Subject to dollar repurchase agreements												
f. Subject to dollar reverse repurchase agreements												
g. Placed under option contracts												
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock												
i. FHLB capital stock												
j. On deposit with state	5,035,737				5,035,737	5,011,081	24,656		5,035,737	30.800	30.861	
k. On deposit with other regulatory bodies												
l. Pledged as collateral to FHLB (including assets backing funding agreements)												
m. Pledged as collateral not captured in other categories												
n. Other restricted assets												
o. Total Restricted Assets	\$5,035,737	\$	\$	\$	\$ 5,035,737	\$ 5,011,081	\$ 24,656		\$ 5,035,737	30.800	30.861	

(b) Subset of column 3

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories

Not applicable.

(3) Detail of Other Restricted Assets

Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

K. Structured Notes

Not applicable.

L.            5\* Securities

Not applicable

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable.

NOTE 7 – INVESTMENT INCOME

A.            Due and accrued income was excluded from investment income where collection of interest is uncertain.

B.            No such amounts were excluded during 2017.

NOTE 8 – DERIVATIVE INSTRUMENTS

Not applicable.

NOTE 9 – INCOME TAXES

A.1.        The components of the net DTA recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	12/31/2017			12/31/2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Total of gross deferred tax assets	\$372	\$45,585	\$45,957	\$665	\$73,473	\$74,138	\$(293)	\$(27,888)	\$(28,181)
Statutory Valuation Allowance Adjustment	-	-	-	-	-	-	-	-	-
Adjusted gross deferred tax assets	372	45,585	45,957	665	73,473	74,138	(293)	(27,888)	(28,181)
Deferred tax asset nonadmitted	-	(12,353)	(12,353)	-	(32,143)	(32,143)	-	19,790	19,790
Subtotal Net Admitted Deferred Tax Asset	372	33,232	33,604	665	41,330	41,995	(293)	(8,098)	(8,391)
Deferred tax liabilities	-	(26,419)	(26,419)	-	(32,478)	(32,478)	-	6,059	6,059
Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$372	\$6,813	\$7,185	\$665	\$8,852	\$9,517	\$(293)	(2,039)	(2,332)

A.2.        The amount of admitted gross deferred tax assets admitted under each component of SSAP No.101.

	12/31/2017			12/31/2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	367	3,028	3,395	665	1,985	2,650	(298)	1,043	745
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets) After Application of the Threshold Limitation ( the lesser of 2(b)1 and 2(b)2 below)	5	3,785	3,790	-	6,867	6,867	5	(3,082)	(3,077)
(1) Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	5	3,785	3,790	-	6,867	6,867	5	(3,082)	(3,077)
(2) Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XX	XX	2,386,606	XX	XX	2,345,453	XX	XX	41,153
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	-	26,419	26,419	-	32,478	32,478	-	(6,059)	(6,059)
(d) Deferred Tax Assets Admitted as the result of application of SSAP 101 (Total (a)+(b)+(C))	\$372	\$33,232	\$33,604	\$665	\$41,330	\$41,995	\$(293)	(8,098)	(8,391)

A3.

	2017	2016
(a) Ratio Percentage Used to Determine Recovery Period And Threshold Limitation Amount	25,451%	25,135%
(b) Amount of Adjusted Capital And Surplus Used To Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$15,910,706	\$15,636,351

A4.



		12/31/2017		12/31/2016		Change	
Impact of Tax Planning Strategies		Ordinary %	Capital %	Ordinary %	Capital %	Ordinary	Capital
(a)	(1) Adjusted Gross DTA's	372	45,585	665	73,473	(293)	(27,888)
	(2) Percentage of total adjusted gross DTAs	-%	8%	-%	9%	-%	-1%
	(3) Net Admitted Adjusted Gross DTAs (from Note 9A1(e))	372	33,232	665	41,330	(293)	(8,098)
	(4) Net Admitted Adjusted Gross DTAs (% of total net admitted adjusted)	-%	11%	-%	16%	-%	-5%
(b)	Does the Company's tax-planning strategies include the use of reinsurance? (Yes/No)	No					

B. There are no deferred tax liabilities that are not recognized.

C. 1. The provisions for incurred taxes on earnings for the periods ended December 31, 2017 and December 31, 2016 are:

	12/31/2017	12/31/2016	Change
Federal income tax on operations	35,204	54,279	(19,075)
Federal income tax on net capital gains	-	-	-
Federal income taxes incurred	\$35,204	\$54,279	(19,075)

C. 2. The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

Deferred Tax Assets:

Ordinary:	12/31/2017	12/31/2016	Change
Discounted Losses Payable	369	665	(296)
Unearned Premium	-	-	-
Premium Deficiency Reserve	-	-	-
Other	3	-	3
Nonadmitted-Other Receivables	-	-	-
Non Admitted-Other Assets	-	-	-
Total ordinary deferred tax assets	372	665	(293)
Statutory ordinary valuation allowance adjustment	-	-	-
Nonadmitted ordinary deferred tax assets	-	-	-
Admitted ordinary deferred tax assets	372	665	(293)
Capital:			
Investments	45,585	73,473	(27,888)
Total Admitted capital deferred tax assets	45,585	73,473	(27,888)
Statutory capital valuation allowance adjustment	-	-	-
Nonadmitted capital deferred tax assets	(12,353)	(32,143)	19,790
Admitted capital deferred tax assets	33,232	41,330	(8,098)
Admitted deferred tax assets	33,604	41,995	(8,391)
Deferred tax liabilities:			
Capital:			
Investments	26,419	32,478	(6,059)
Capital deferred tax liabilities	26,419	32,478	(6,059)
Total Deferred tax liabilities	26,419	32,478	(6,059)
Net admitted deferred tax assets/(liabilities)	7,185	9,517	(2,332)

The change in net deferred income taxes is comprised of the following:

	12/31/2017	12/31/2016	Change
Total deferred tax assets	\$45,957	\$74,138	\$(28,181)
Total deferred tax liabilities	(26,419)	(32,478)	6,059
Net deferred tax asset (liability)	19,538	41,660	(22,122)
Tax effect of unrealized gains/(losses)			-
Change in net deferred income tax			(22,122)

The valuation allowance adjustment to gross deferred tax assets as of December 31, 2017 and December 31, 2016 was \$0 and \$0, respectively.

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	Effective Tax		Effective Tax	
	12/31/2017	Rate	12/31/2016	Rate
Provision computed at statutory rate	108,346	35.0%	128,645	35.0%

Health Insurer Fee	-	-	-	-
Transfer Pricing Adjustment	-	-	-	-
Tax-Exempt Interest	(64,177)	-20.7%	(64,494)	-17.5%
Change in Nonadmitted assets	-	-	-	-
Prior Year True-Up	-	-	-	-
Change in Statutory Valuation Allowance Adjustment	-	-	(73,473)	-20.0%
Impact on Deferred Tax for Enacted Rate Change	13,025	4.2%	-	-
Other	132	0.0%	306	0.1%
Total	57,326	18.5%	(9,016)	-2.4%
Federal and foreign income taxes incurred	35,204	11.4%	54,279	14.8%
Change in net deferred income taxes	22,122	7.1%	(63,295)	-17.2%
Total statutory income taxes	57,326	18.5%	(9,016)	-2.4%

- E.
1. As of December 31, 2017 and 2016, the Company has no net capital loss or net operating loss carryforwards for tax purposes.

2. The amount of federal income taxes incurred that are available for recoupment in the event of future net losses are:

Year	Ordinary	Capital	Total
2017	35,204	-	35,204
2016	54,279	-	54,279
2015	-	3,028	3,028
Total	89,483	3,028	92,511

3. The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2017 and 2016

- F.
- At December 31, 2017 the Company's Federal Income Tax Return was consolidated with the following entities:

Aetna Inc. - Parent Company	Carefree Insurance Services, Inc.
@ Credentials Inc	Claims Administration Corporation
Active Health Management Inc	Cofinity, Inc.
Adminco, Inc.	Corporate Benefit Strategies, Inc.
Administrative Enterprises, Inc	Coventry Consumer Advantage, Inc.
AE Fourteen Incorporated	Coventry Health and Life Insurance Company
Aetna ACO Holdings, Inc.	Coventry Health Care National Accounts, Inc.
Aetna Better Health Inc. (Connecticut)	Coventry Health Care National Network, Inc.
Aetna Better Health Inc. (Georgia)	Coventry Health Care of Delaware, Inc.
Aetna Better Health Inc. (Illinois)	Coventry Health Care of Florida, Inc.
Aetna Better Health Inc. (New Jersey)	Coventry Health Care of Illinois, Inc.
Aetna Better Health Inc. (New York)	Coventry Health Care of Kansas, Inc.
Aetna Better Health Inc. (Ohio)	Coventry Health Care of Missouri, Inc.
Aetna Better Health Inc. (Pennsylvania)	Coventry Health Care of Nebraska, Inc.
Aetna Better Health Inc. (Tennessee)	Coventry Health Care of the Carolinas, Inc.
Aetna Better Health of California Inc.	Coventry Health Care of Virginia, Inc.
Aetna Better Health of Iowa Inc.	Coventry Health Care of West Virginia, Inc.
Aetna Better Health of Kansas, Inc.	Coventry Health Care Workers' Compensation, Inc.
Aetna Better Health of Kentucky Insurance Company	Coventry Health Plan of Florida, Inc.
Aetna Better Health of Michigan, Inc.	Coventry HealthCare Management Corporation
Aetna Better Health of Missouri LLC	Coventry Prescription Management Services, Inc.
Aetna Better Health of Nevada Inc.	Coventry Rehabilitation Services, Inc.
Aetna Better Health of Oklahoma Inc.	Coventry Transplant Network, Inc.
Aetna Better Health of Texas, Inc.	Delaware Physicians Care, Incorporated
Aetna Better Health, Inc. (Louisiana)	Echo Merger Sub, Inc.
Aetna Dental Inc. (New Jersey)	First Health Group Corp.
Aetna Dental Inc. (Texas)	First Health Life and Health Insurance Company
Aetna Dental of California Inc	First Script Network Services, Inc.
Aetna Florida Inc.	Florida Health Plan Administrators, LLC
Aetna Health and Life Insurance Company	FOCUS Healthcare Management, Inc.
Aetna Health Inc. (Connecticut)	Futrix Inc.
Aetna Health Inc. (Florida)	Group Dental Service of Maryland, Inc.
Aetna Health Inc. (Georgia)	Group Dental Service, Inc.
Aetna Health Inc. (Louisiana)	Health and Human Resource Center, Inc.

Aetna Health Inc. (Maine)	Health Data & Managment Solutions, Inc.
Aetna Health Inc. (Michigan)	Health Re, Incorporated
Aetna Health Inc. (New Jersey)	HealthAmerica Pennsylvania, Inc.
Aetna Health Inc. (New York)	HealthAssurance Pennsylvania, Inc.
Aetna Health Inc. (Pennsylvania)	Managed Care Coordinators, Inc.
Aetna Health Inc. (Texas)	Medicity Inc.
Aetna Health Insurance Company	Mental Health Associates, Inc.
Aetna Health Insurance Company of New York	Mental Health Network of New York IPA, Inc.
Aetna Health of California, Inc.	Meritain Health, Inc.
Aetna Health of Iowa Inc.	MetraComp, Inc.
Aetna Health of Utah, Inc.	MHNet Life and Health Insurance Co.
Aetna HealthAssurance Pennsylvania, Inc.	MHNet of Florida, Inc.
Aetna Insurance Company of Connecticut	Niagara Re, Inc.
Aetna Integrated Informatics, Inc.	PayFlex Holdings, Inc.
Aetna International Inc.	PayFlex Systems USA, Inc.
Aetna Ireland Inc.	Performax, Inc.
Aetna Life & Casualty (Bermuda) Ltd.	Precision Benefit Services, Inc.
Aetna Life Assignment Company	Prime Net, Inc.
Aetna Life Insurance Company	Prodigy Health Group, Inc.
Aetna Risk Assurance Company of Connecticut, Inc.	Professional Risk Management, Inc.
Aetna Student Health Agency Inc.	Resources for Living, LLC
AHP Holdings, Inc.	Schaller Anderson Medical Administrators, Incorporated
Allviant Corporation	Strategic Resource Company
American Health Holding, Inc.	The Vasquez Group Inc.
AUSHC Holdings, Inc.	U.S. Health Care Properties, Inc.
Broadspire National Services, Inc.	Work and Family Benefits, Inc.
bswift, LLC	

2. As explained in Note 1, the Company participates in a tax sharing agreement with Aetna and Aetna's other subsidiaries

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

- A.-D. The Company had a net intercompany payable balance of \$14,570 and \$14,825 at December 31, 2017 and 2016, respectively.
- E. The Company has no guarantees or undertakings for the benefit of an affiliate which result in a material contingent exposure of the Company's or any affiliated insurer's assets to liabilities not disclosed in Note 14.
- F. The Company incurred no costs under management and service contracts and cost sharing arrangements with any related party in 2017 or 2016.
- G. All outstanding shares of the Company are directly owned by AHP Holdings, Inc., whose ultimate parent is Aetna (See Schedule Y).
- H. The Company owns no shares of an upstream intermediate or ultimate parent.
- I. The Company has no investment in any Subsidiary, Controlled or Affiliated entities.
- J. Not applicable.
- K. The Company had no investments in a foreign insurance subsidiary.
- L. The Company does not hold an investment in a downstream noninsurance holding company.
- M. Not applicable.
- N. Not applicable.

NOTE 11 – DEBT

Not applicable.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

The Company was not allocated any amounts related to these plans in 2017 from Aetna, the Company's ultimate parent and the sponsor of the plans.

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

- (1) The Company's capital is common stock, 10,000 shares authorized, 1,500 shares issued and outstanding, \$2,000 per share par value.

- (2)The Company has no preferred stock outstanding.
- (3)-(5)The maximum amount of dividends which can be paid by State of Connecticut insurance companies to stockholders without prior approval by the State of Connecticut Insurance Department is the lesser of either (i) when combined with all dividends made during the preceding 12 months, the greater of ten percent of surplus at December 31 of the preceding year or the adjusted net income of the preceding year; or (ii) an amount equal to the Company's earned surplus. Based upon these restrictions, the Company is permitted to pay a maximum of \$1,181,740 to AHP Holdings, Inc. in dividend distributions for 2018 without prior regulatory approval. Dividends and returns of capital are paid as determined by the Company's Board of Directors. The Company did not declare or pay any dividends or returns of capital in 2017 or 2016.
- (6)There are no restrictions on the Company's unassigned funds (surplus).
- (7)Not applicable.
- (8)The Company holds no stock for special purposes.
- (9)Not applicable.
- (10)The Company had no cumulative unrealized gains and losses included in unassigned funds (surplus).
- (11)The Company has not issued any surplus notes or debentures or similar obligations.
- (12),(13)there has been no restatement of surplus due to quasi-reorganizations.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

- A.Contingent Commitments - None to the best of the Company's knowledge.
- B.Assessments - None to the best of the Company's knowledge.
- C.Gain Contingencies - None to the best of the Company's knowledge.
- D.Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

The Company had no claims related extra contractual obligations or bad faith losses stemming from lawsuits in 2016.
- E.Product Warranties – Not applicable.
- F.Joint and Several Liabilities – Not applicable.
- G.All Other Contingencies

Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded on the Company's books.

NOTE 15 – LEASES

Not applicable.

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not applicable.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A.Transfers of Receivables Reported as Sales

The Company had no transfers of receivables reported as sales.
- B.Transfer and Servicing of Financial Assets

Not applicable.
- C.Wash Sales

Not applicable.

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

Not applicable.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not applicable.

NOTE 20 – FAIR VALUE MEASUREMENTS

- A. – B.The preparation of the Company's statutory financial statements in accordance with Connecticut Accounting Practices requires certain of our assets and liabilities to be reflected at their fair value, and others on another basis, such as an adjusted historical cost basis. In this note, the Company provides details on the fair value of financial assets and liabilities and how fair value is determined.
- The following are the levels of the hierarchy and a brief description of the type of valuation information (“inputs”) that qualifies a financial asset or liability for each level of fair value measurements.

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2** – Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates, credit risks, etc.) and inputs that are derived from or corroborated by observable markets.
- **Level 3** – Developed from unobservable data, reflecting our own assumptions.

When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classify these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. In these instances, financial assets and liabilities will be classified based upon the lowest level of input that is significant to the valuation. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be readily available.

C.

December 31, 2017

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalent	\$ 16,348,526	\$ 15,860,887	\$ 8,197,720	\$ 8,150,806	\$ -	\$ -

December 31, 2016

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds, Short Term, and Cash Equivalent	\$ 16,234,687	\$ 15,672,216	\$ 8,230,755	\$ 8,003,932	\$ -	\$ -

The Company had no material amount of assets or liabilities measured and reported at fair value at either December 31, 2017 or December 31, 2016.

- D. The Company had no fair value instruments or classes of financial instruments where it is not practicable to estimate the fair value at either December 31, 2017 or 2016.

NOTE 21 – OTHER ITEMS

- A. Unusual or Infrequent Items - None
- B. Troubled Debt Restructuring Debtors – Not applicable.
- C. Other Disclosures

1. The Company elected to use rounding in reporting amounts in the statement.

- D. Business Interruption Insurance Recoveries – Not applicable.
- E. State Transferable and Non-Transferable Tax Credits

The Company does not currently hold any state transferable or non-transferrable tax credits.

- F. Subprime Mortgage Related Risk Exposure

- (1) The Company defines its exposure to subprime mortgage related risk by looking at residential mortgage-backed securities (“RMBS”), including asset-backed securities (“ABS”). There are two broad classes of RMBS: a.) agency issued (GNMA, FNMA, and FHLC) that carry agency guarantees and explicit or implicit guarantees by the U.S. Government, and b.) Non-agency securities. ABS are subdivided by the underlying collateral (auto, credit card, home equity loans, utilities and other).The Company's exposure to subprime/ALT-A mortgages is through investments in ABS whose underlying collateral is home equity loans. The Company has mitigated its risk exposure by purchasing securities whose underlying collateral is fixed-rate mortgages which are not subject to interest payment resets, in which the projected average life of the securities is very short (two to three years). The Company's exposure to unrealized losses is due to changes in asset values. Interest and principal payments have been received timely and given the Company's low exposure risk to subprime/ALT-A mortgage securities relative to its fixed income portfolio, the Company has sufficient liquidity to meet future cash flow requirements without selling these assets at distressed prices.
- (2) The Company had no direct subprime mortgage related risk exposure at either December 31, 2017 or 2016.
- (3) Direct Exposure through Other Investments – Not applicable.
- (4) The Company had no underwriting exposure to subprime mortgage related risks through either Mortgage Guaranty or Financial Guaranty insurance coverages at either December 31, 2017 or 2016 as it did not write these types of coverages.

- G. Insurance-Linked Securities (ILS) Contracts– Not applicable.

NOTE 22 – EVENTS SUBSEQUENT

Type I. Recognized Subsequent Events:

Subsequent events have been considered through February 27, 2018 for the statutory statement issued on February 28, 2018.

Not applicable.

Type II. No recognized Subsequent Events:

Subsequent events have been considered through February 27, 2018 for the statutory statement issued on February 28, 2018.

Not applicable.

NOTE 23 – REINSURANCE

- A. Unsecured Reinsurance Recoverable – Not applicable.
- B. Reinsurance Recoverable in Dispute – Not applicable.
- C. Reinsurance Assumed and Ceded – Not applicable.
- D. Uncollectible Reinsurance  
  
The Company had no uncollectible reinsurance written off in 2017.
- E. Commutation of Ceded Reinsurance – Not applicable.
- F. Retroactive Reinsurance – Not applicable.
- G. Reinsurance Accounted for as a Deposit – Not applicable.
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements – Not applicable.
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable.
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation – Not applicable.

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

Not applicable.

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Net reserves as of December 31, 2016 were \$246,147. From December 31, 2016 to December 31, 2017, there were no incurred losses or loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$227,718 as a result of re-estimation of unpaid claims and claim adjustment expenses, all on the Company's runoff line of group auto insurance. Therefore, there has been a \$18,429 favorable prior-year development from December 31, 2016 to December 31, 2017. The decrease is generally the result of ongoing analysis of recent claims data. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

Not applicable.

NOTE 27 – STRUCTURED SETTLEMENTS

Not applicable.

NOTE 28 – HEALTH CARE RECEIVABLES

Not applicable.

NOTE 29 – PARTICIPATING POLICIES

Not applicable.

NOTE 30 – PREMIUM DEFICIENCY RESERVES

1. Liability carried for premium deficiency reserve: \$ -
2. Date of most recent evaluation of this liability: December 31, 2017
3. Was anticipated investment income utilized in the calculation? Yes { } No {X}

NOTE 31 – HIGH DEDUCTIBLES

Not applicable.

NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

Not applicable.

NOTE 33 – ASBESTOS/ENVIRONMENTAL RESERVES

Not applicable.

NOTE 34 – SUBSCRIBER SAVINGS ACCOUNTS

Not applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 35 – MULTIPLE PERIL CROP INSURANCE

Not applicable.

NOTE 36 – FINANCIAL GUARANTY INSURANCE

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [ X ] No [ ]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....

Yes [ X ] No [ ] N/A [ ]

1.3

State Regulating? .....

CONNECTICUT

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ] No [ X ]

2.2

If yes, date of change: .....

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2015

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2015

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

04/19/2017

3.4

By what department or departments?  
State of Connecticut Insurance Department .....

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes [ ] No [ ] N/A [ X ]

3.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ ] No [ ] N/A [ X ]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  
4.12 renewals? .....

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  
4.22 renewals? .....

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ] No [ X ]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
		SC

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ] No [ X ]

6.2

If yes, give full information: .....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....

Yes [ ] No [ X ]

7.2

If yes,  
7.21 State the percentage of foreign control; .....  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

0.0 %

1 Nationality	2 Type of Entity



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

KPMG LLP, One Financial Plaza, Hartford, CT 06103

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]

10.6

If the response to 10.5 is no or n/a, please explain

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]

12.11

Name of real estate holding company

N/A

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

\$

12.2

If, yes provide explanation:

N/A

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

N/A

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ X ]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [ X ] No [ ]

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

N/A

14.2

Has the code of ethics for senior managers been amended?

Yes [ X ] No [ ]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

Changes to reflect the Company's current branding initiatives (i.e., "You Don't Join Us, We Join You") and mission statement (i.e., "to build a healthier world"), A clarification of the differences between fraud, waste and abuse, The addition of an explicit reference to the UK Modern Slavery Act of 2015 in the list of laws applicable to government contracting, Updates to the list of awards and recognitions received by the Company, and A new section on "Diversity and Inclusion at Aetna" that replaced the previous section on "Diversity at Aetna".

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

N/A

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

## BOARD OF DIRECTORS

- |     |  |   |
|-----|--|---|
| 16. | Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? .....  | Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] |
| 17. | Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? .....  | Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] |
| 18. | Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... | Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] |

## FINANCIAL

- |      |  |  |            |           |
|------|--|--|------------|-----------|
| 19.  | Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? .....                              |  | Yes [    ] | No [ X ]  |
| 20.1 | Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):   | 20.11 To directors or other officers.....                  | \$ .....   | 0         |
|      |  | 20.12 To stockholders not officers.....                    | \$ .....   | 0         |
|      |  | 20.13 Trustees, supreme or grand<br>(Fraternal Only) ..... | \$ .....   | 0         |
| 20.2 | Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  | 20.21 To directors or other officers.....                  | \$ .....   | 0         |
|      |  | 20.22 To stockholders not officers.....                    | \$ .....   | 0         |
|      |  | 20.23 Trustees, supreme or grand<br>(Fraternal Only) ..... | \$ .....   | 0         |
| 21.1 | Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... |  | Yes [    ] | No [ X ]  |
| 21.2 | If yes, state the amount thereof at December 31 of the current year:   | 21.21 Rented from others.....                              | \$ .....   | 0         |
|      |  | 21.22 Borrowed from others.....                            | \$ .....   | 0         |
|      |  | 21.23 Leased from others .....                             | \$ .....   | 0         |
|      |  | 21.24 Other .....  | \$ .....   | 0         |
| 22.1 | Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? .....                   |  | Yes [ X ]  | No [    ] |
| 22.2 | If answer is yes:  | 22.21 Amount paid as losses or risk adjustment \$ .....    | \$ .....   | 0         |
|      |  | 22.22 Amount paid as expenses .....                        | \$ .....   | 36,449    |
|      |  | 22.23 Other amounts paid .....                             | \$ .....   | 0         |
| 23.1 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....  |  | Yes [    ] | No [ X ]  |
| 23.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....   |  | \$ .....   | 0         |

## INVESTMENT

- |       |  |     |                                     |   |    |                          |  |
|-------|--|-----|-------------------------------------|---|----|--------------------------|--|
| 24.01 | Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03).....                | Yes | <input checked="" type="checkbox"/> | X | No | <input type="checkbox"/> |  |
| 24.02 | If no, give full and complete information relating thereto<br>N/A .....  |     |                                     |   |    |                          |  |
| 24.03 | For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)<br>..... |     |                                     |   |    |                          |  |
| 24.04 | Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? .....   | Yes | <input type="checkbox"/>            |   | No | <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 24.05 | If answer to 24.04 is yes, report amount of collateral for conforming programs. ....   | \$  |                                     |   |    |                          |  |
| 24.06 | If answer to 24.04 is no, report amount of collateral for other programs. ....   | \$  |                                     |   |    |                          |  |
| 24.07 | Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? .....   | Yes | <input type="checkbox"/>            |   | No | <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 24.08 | Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? .....   | Yes | <input type="checkbox"/>            |   | No | <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 24.09 | Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? .....   | Yes | <input type="checkbox"/>            |   | No | <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> <input type="checkbox"/> |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

24.10 For the reporting entity’s security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ X ] No [ ]

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	
		25.28 On deposit with states	\$	5,035,736
		25.29 On deposit with other regulatory bodies	\$	
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	
		25.32 Other	\$	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
STATE STREET BANK AND TRUST COMPANY	STATE STREET FINANCIAL CENTER, ONE LINCOLN ST, BOSTON, MA 02111-2900

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Kevin J. Casey as Sr. Investment Officer .....	A.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [    ] No [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [    ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A .....	Kevin J. Kasey .....	N/A .....	Not registered .....	NO.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [    ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	15,860,887	16,348,526	487,639
30.2 Preferred stocks .....	.0		.0
30.3 Totals	15,860,887	16,348,526	487,639

30.4 Describe the sources or methods utilized in determining the fair values:

Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [    ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [    ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
N/A .....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [    ]

32.2 If no, list exceptions:  
N/A .....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

33. By self-designating 5\*GI securities, the reporting entity is certifying the following elements of each self-designated 5\*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5\*GI securities? ..... Yes [ ] No [ X ]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

35.1 Amount of payments for legal expenses, if any? .....\$ .....

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force? .....

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U. S. business only. ....

\$ \_\_\_\_\_

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

\$ \_\_\_\_\_

1.31

Reason for excluding .....

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....

\$ \_\_\_\_\_

1.5

Indicate total incurred claims on all Medicare Supplement Insurance. ....

\$ \_\_\_\_\_

0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned .....

\$ \_\_\_\_\_

0

1.62

Total incurred claims .....

\$ \_\_\_\_\_

0

1.63

Number of covered lives .....

\_\_\_\_\_

0

All years prior to most current three years

1.64

Total premium earned .....

\$ \_\_\_\_\_

0

1.65

Total incurred claims .....

\$ \_\_\_\_\_

0

1.66

Number of covered lives .....

\_\_\_\_\_

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned .....

\$ \_\_\_\_\_

0

1.72

Total incurred claims .....

\$ \_\_\_\_\_

0

1.73

Number of covered lives .....

\_\_\_\_\_

0

All years prior to most current three years

1.74

Total premium earned .....

\$ \_\_\_\_\_

0

1.75

Total incurred claims .....

\$ \_\_\_\_\_

0

1.76

Number of covered lives .....

\_\_\_\_\_

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator .....

\_\_\_\_\_

0

2.2

Premium Denominator .....

\_\_\_\_\_

0

2.3

Premium Ratio (2.1/2.2) .....

0.000

0.000

2.4

Reserve Numerator .....

0

0

2.5

Reserve Denominator .....

227,718

246,147

2.6

Reserve Ratio (2.4/2.5) .....

0.000

0.000

3.1

Does the reporting entity issue both participating and non-participating policies? .....

Yes [ ] No [ X ]

3.2

If yes, state the amount of calendar year premiums written on:

3.21

Participating policies .....

\$ \_\_\_\_\_

3.22

Non-participating policies .....

\$ \_\_\_\_\_

4.

For mutual reporting Entities and Reciprocal Exchanges Only:

4.1

Does the reporting entity issue assessable policies? .....

Yes [ ] No [ ]

4.2

Does the reporting entity issue non-assessable policies? .....

Yes [ ] No [ ]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....

%

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....

\$ \_\_\_\_\_

5.

For Reciprocal Exchanges Only:

5.1

Does the Exchange appoint local agents? .....

Yes [ ] No [ ]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation.....

Yes [ ] No [ ] N/A [ X ]

5.22

As a direct expense of the exchange.....

Yes [ ] No [ ] N/A [ X ]

5.3

What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....

\_\_\_\_\_

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....

Yes [ ] No [ ]

5.5

If yes, give full information .....

\_\_\_\_\_

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE  AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
NONE - THE COMPANY DOES NOT WRITE WORKERS' COMPENSATION INSURANCE .....

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  
THE COMPANY HAS NO ACTIVE INSURANCE AND IS NOT EXPOSED TO SIGNIFICANT INSURANCE RISK .....

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
NONE - THE COMPANY DOES NOT WRITE PROPERTY INSURANCE .....

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? .....

Yes [    ] No [ X ]

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.  
THE COMPANY IS NOT EXPOSED TO CATASTROPHE RISK. ....

7.1

Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)?.....

Yes [    ] No [ X ]

7.2

If yes, indicate the number of reinsurance contracts containing such provisions: .....

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?.....

Yes [    ] No [    ]

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? .....

Yes [    ] No [ X ]

8.2

If yes, give full information  
.....

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. ....

Yes [    ] No [ X ]

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. ....

Yes [    ] No [ X ]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? .....

Yes [    ] No [ X ]

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, .....  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or .....  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. ....

Yes [    ] No [ X ]  
Yes [    ] No [ X ]  
Yes [    ] No [ X ]

10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? .....

Yes [    ] No [    ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]

11.2 If yes, give full information  
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses .....\$ .....

12.12 Unpaid underwriting expenses (including loss adjustment expenses) .....\$ .....

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds .....\$ .....

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ ] N/A [ X ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From ..... %

12.42 To..... %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves , including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of the current year:

12.61 Letters of credit .....\$ .....

12.62 Collateral and other funds.....\$ .....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): .....\$ .....

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ....

14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:  
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]

15.2 If yes, give full information  
.....

16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....					
16.12 Products .....					
16.13 Automobile .....					
16.14 Other*					

\* Disclose type of coverage:

.....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5? Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$
17.12 Unfunded portion of Interrogatory 17.11	\$
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$
17.14 Case reserves portion of Interrogatory 17.11	\$
17.15 Incurred but not reported portion of Interrogatory 17.11	\$
17.16 Unearned premium portion of Interrogatory 17.11	\$
17.17 Contingent commission portion of Interrogatory 17.11	\$

Provide the following information for all other amounts included in Schedule F - P art 3 and excluded from Schedule F - Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$
17.19 Unfunded portion of Interrogatory 17.18	\$
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$
17.21 Case reserves portion of Interrogatory 17.18	\$
17.22 Incurred but not reported portion of Interrogatory 17.18	\$
17.23 Unearned premium portion of Interrogatory 17.18	\$
17.24 Contingent commission portion of Interrogatory 17.18	\$

18.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

18.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]

18.4 If yes, please provide the balance of funds administered as of the reporting date. \$

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	2,712,376	36,737,186	28,303,109
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	(56)	(53,353)	3,018,666
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	0	0	2,712,320	36,683,833	31,321,775
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	(56)	(53,353)	3,018,666
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	(56)	(53,353)	3,018,666
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	(124,203)	(73,494)	(258,490)	(320,917)	(99,217)
14. Net investment gain or (loss) (Line 11)	433,762	441,052	424,160	448,586	172,214
15. Total other income (Line 15)	0	0	0	(14,994)	(377,133)
16. Dividends to policyholders (Line 17)			0	0	0
17. Federal and foreign income taxes incurred (Line 19)	35,204	54,279	(8,640)	(112,228)	(379,747)
18. Net income (Line 20)	274,355	313,279	174,310	224,903	75,611
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	16,349,605	16,103,951	15,849,334	15,774,357	16,830,863
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	234,146
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	747,513
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	431,715	458,083	547,897	647,034	1,870,705
22. Losses (Page 3, Line 1)	227,718	246,147	275,248	326,382	581,277
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)		0	0	0	1,054,064
25. Capital paid up (Page 3, Lines 30 & 31)	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	15,917,890	15,645,868	15,301,437	15,127,323	14,960,158
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	328,824	383,851	48,052	49,943	(833,529)
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	15,917,890	15,645,868	15,301,437	15,127,323	14,960,158
29. Authorized control level risk-based capital	62,514	62,209	55,934	3,431,373	2,512,353
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1)	84.7	87.0	90.0	93.5	96.2
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	15.3	12.9	9.9	6.6	3.8
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)			0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)		0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)		0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)			0	0	0
52. Dividends to stockholders (Line 35)			0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	272,023	344,431	174,114	167,165	(74,897)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	220	0	258,503	9,545,272	17,234,816
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	1,455	948,568	6,034,455
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	220	0	259,958	10,493,840	23,269,271
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	220	0	247	0	338
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	1,455	948,568	6,034,455
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	220	0	1,702	948,568	6,034,793
Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	0.0	0.0	88,271.1	69.3	71.9
68. Loss expenses incurred (Line 3)	0.0	0.0	0.0	5.9	5.7
69. Other underwriting expenses incurred (Line 4)	0.0	0.0	(549,760.3)	56.9	25.4
70. Net underwriting gain (loss) (Line 8)	0.0	0.0	461,589.1	(32.1)	(1.3)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	(549,465.9)	(1,095.2)	70.9
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	88,271.1	75.2	77.6
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	0.0	0.0	0.0	(0.4)	20.2
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	(19)	(29)	(36)	(255)	(28)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	(0.1)	(0.2)	(0.2)	(1.7)	(0.2)
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(48)	(65)	(299)	(94)	(105)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(0.3)	(0.4)	(2.0)	(0.6)	(0.6)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

If no, please explain:

Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2008.....	7,701	7,333	368	10,000	10,000	0	0	0	0	0	0	XXX
3. 2009.....	10,332	8,000	2,332	12,376	11,076	0	0	140	0	0	1,440	XXX
4. 2010.....	20,431	8,000	12,431	17,560	9,977	0	0	742	0	0	8,325	XXX
5. 2011.....	28,442	8,000	20,442	23,611	10,076	0	0	1,231	0	0	14,766	XXX
6. 2012.....	46,764	27,317	19,447	23,639	9,758	0	0	1,171	0	0	15,052	XXX
7. 2013.....	35,652	28,221	7,431	8,068	2,886	0	0	423	0	0	5,605	XXX
8. 2014.....	37,738	36,737	1,001	1,296	340	0	0	59	0	0	1,015	XXX
9. 2015.....	6,062	6,062	0	0	0	0	0	0	0	0	0	XXX
10. 2016.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2017.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	96,550	54,113	0	0	3,766	0	0	46,203	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....	227	0	0	0	0	0	0	0	0	0	0	227	XXX
2. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	227	0	0	0	0	0	0	0	0	0	0	227	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	227	0
2. 2008.....	10,000	10,000	0	129.9	136.4	0.0	0	0		0	0
3. 2009.....	12,516	11,076	1,440	121.1	138.5	61.7	0	0		0	0
4. 2010.....	18,302	9,977	8,325	89.6	124.7	67.0	0	0		0	0
5. 2011.....	24,842	10,076	14,766	87.3	126.0	72.2	0	0		0	0
6. 2012.....	24,810	9,758	15,052	53.1	35.7	77.4	0	0		0	0
7. 2013.....	8,491	2,886	5,605	23.8	10.2	75.4	0	0		0	0
8. 2014.....	1,355	340	1,015	3.6	0.9	101.4	0	0		0	0
9. 2015.....	0	0	0	0.0	0.0	0.0	0	0		0	0
10. 2016.....	0	0	0	0.0	0.0	0.0	0	0		0	0
11. 2017.....	0	0	0	0.0	0.0	0.0	0	0		0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	227	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT												
SCHEDULE P - PART 2 - SUMMARY												
Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior.....	141	723	674	553	515	489	423	387	358	339	( 19)	(48)
2. 2008.....	1	0	0	0	0	0	0	0	0	0	0	0
3. 2009.....	XXX	1,450	1,450	1,300	1,300	1,300	1,300	1,300	1,300	1,300	0	0
4. 2010.....	XXX	XXX	7,489	7,587	7,585	7,583	7,583	7,583	7,583	7,583	0	0
5. 2011.....	XXX	XXX	XXX	13,576	13,539	13,539	13,535	13,535	13,535	13,535	0	0
6. 2012.....	XXX	XXX	XXX	XXX	13,884	13,884	13,888	13,881	13,881	13,881	0	0
7. 2013.....	XXX	XXX	XXX	XXX	XXX	5,372	5,183	5,182	5,182	5,182	0	0
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	948	956	956	956	0	0
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											( 19)	(48)

SCHEDULE P - PART 3 - SUMMARY												
Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		
1. Prior.....	000	99	106	112	112	112	112	112	112	112	XXX	XXX
2. 2008.....	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2009.....	XXX	1,073	1,297	1,300	1,300	1,300	1,300	1,300	1,300	1,300	XXX	XXX
4. 2010.....	XXX	XXX	6,646	7,582	7,583	7,583	7,583	7,583	7,583	7,583	XXX	XXX
5. 2011.....	XXX	XXX	XXX	12,189	13,534	13,535	13,535	13,535	13,535	13,535	XXX	XXX
6. 2012.....	XXX	XXX	XXX	XXX	13,022	13,879	13,881	13,881	13,881	13,881	XXX	XXX
7. 2013.....	XXX	XXX	XXX	XXX	XXX	5,176	5,181	5,182	5,182	5,182	XXX	XXX
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	942	956	956	956	XXX	XXX
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY												
Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)											
	1	2	3	4	5	6	7	8	9	10		
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		
1. Prior.....	0	0	0	0	0	0	0	0	0	0		
2. 2008.....	1	0	0	0	0	0	0	0	0	0		
3. 2009.....	XXX	377	153	0	0	0	0	0	0	0		
4. 2010.....	XXX	XXX	843	5	2	0	0	0	0	0		
5. 2011.....	XXX	XXX	XXX	1,387	5	4	0	0	0	0		
6. 2012.....	XXX	XXX	XXX	XXX	862	5	7	0	0	0		
7. 2013.....	XXX	XXX	XXX	XXX	XXX	196	2	0	0	0		
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	6	0	0	0		
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories									
States, Etc.	1  Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4  Dividends Paid or Credited to Policyholders on Direct Business	5  Direct Losses Paid (Deducting Salvage)	6  Direct Losses Incurred	7  Direct Losses Unpaid	8  Finance and Service Charges Not Included in Premiums	9  Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2  Direct Premiums Written	3  Direct Premiums Earned						
1. Alabama ..... AL									
2. Alaska ..... AK									
3. Arizona ..... AZ									
4. Arkansas ..... AR									
5. California ..... CA									
6. Colorado ..... CO									
7. Connecticut ..... CT									
8. Delaware ..... DE									
9. District of Columbia ..... DC									
10. Florida ..... FL									
11. Georgia ..... GA									
12. Hawaii ..... HI									
13. Idaho ..... ID									
14. Illinois ..... IL									
15. Indiana ..... IN									
16. Iowa ..... IA									
17. Kansas ..... KS									
18. Kentucky ..... KY									
19. Louisiana ..... LA									
20. Maine ..... ME									
21. Maryland ..... MD									
22. Massachusetts ..... MA									
23. Michigan ..... MI									
24. Minnesota ..... MN									
25. Mississippi ..... MS									
26. Missouri ..... MO									
27. Montana ..... MT									
28. Nebraska ..... NE									
29. Nevada ..... NV									
30. New Hampshire ..... NH									
31. New Jersey ..... NJ									
32. New Mexico ..... NM									
33. New York ..... NY									
34. North Carolina ..... NC									
35. North Dakota ..... ND									
36. Ohio ..... OH									
37. Oklahoma ..... OK									
38. Oregon ..... OR									
39. Pennsylvania ..... PA									
40. Rhode Island ..... RI									
41. South Carolina ..... SC									
42. South Dakota ..... SD									
43. Tennessee ..... TN									
44. Texas ..... TX									
45. Utah ..... UT									
46. Vermont ..... VT									
47. Virginia ..... VA									
48. Washington ..... WA									
49. West Virginia ..... WV									
50. Wisconsin ..... WI									
51. Wyoming ..... WY									
52. American Samoa ..... AS									
53. Guam ..... GU									
54. Puerto Rico ..... PR									
55. U.S. Virgin Islands ..... VI									
56. Northern Mariana Islands ..... MP									
57. Canada ..... CAN									
58. Aggregate other alien .. OT	XXX								
59. Totals	(a)								
DETAILS OF WRITE-INS									
58001. ....	XXX								
58002. ....	XXX								
58003. ....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page ..	XXX								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX								

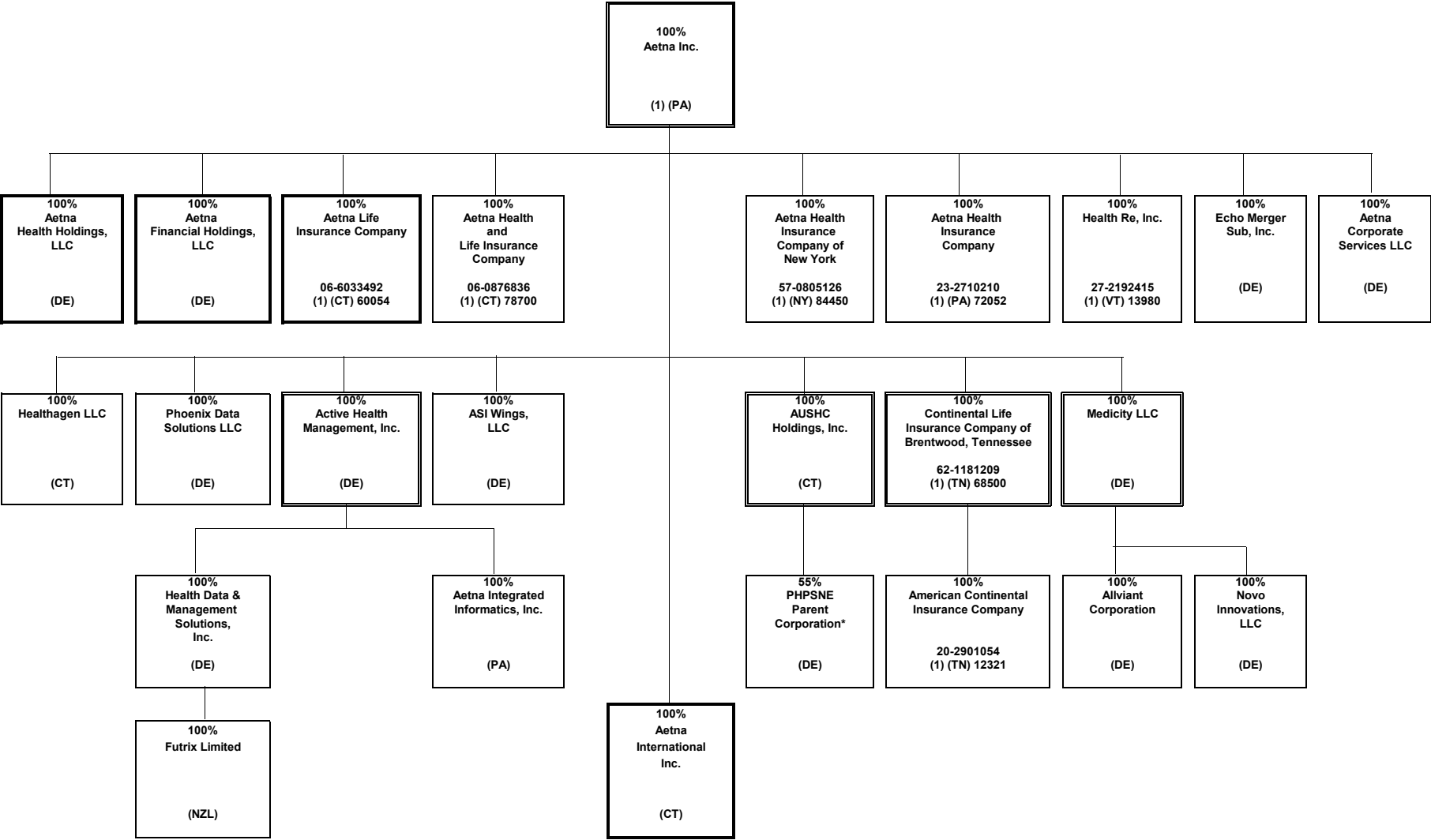
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

(a) Insert the number of D and L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

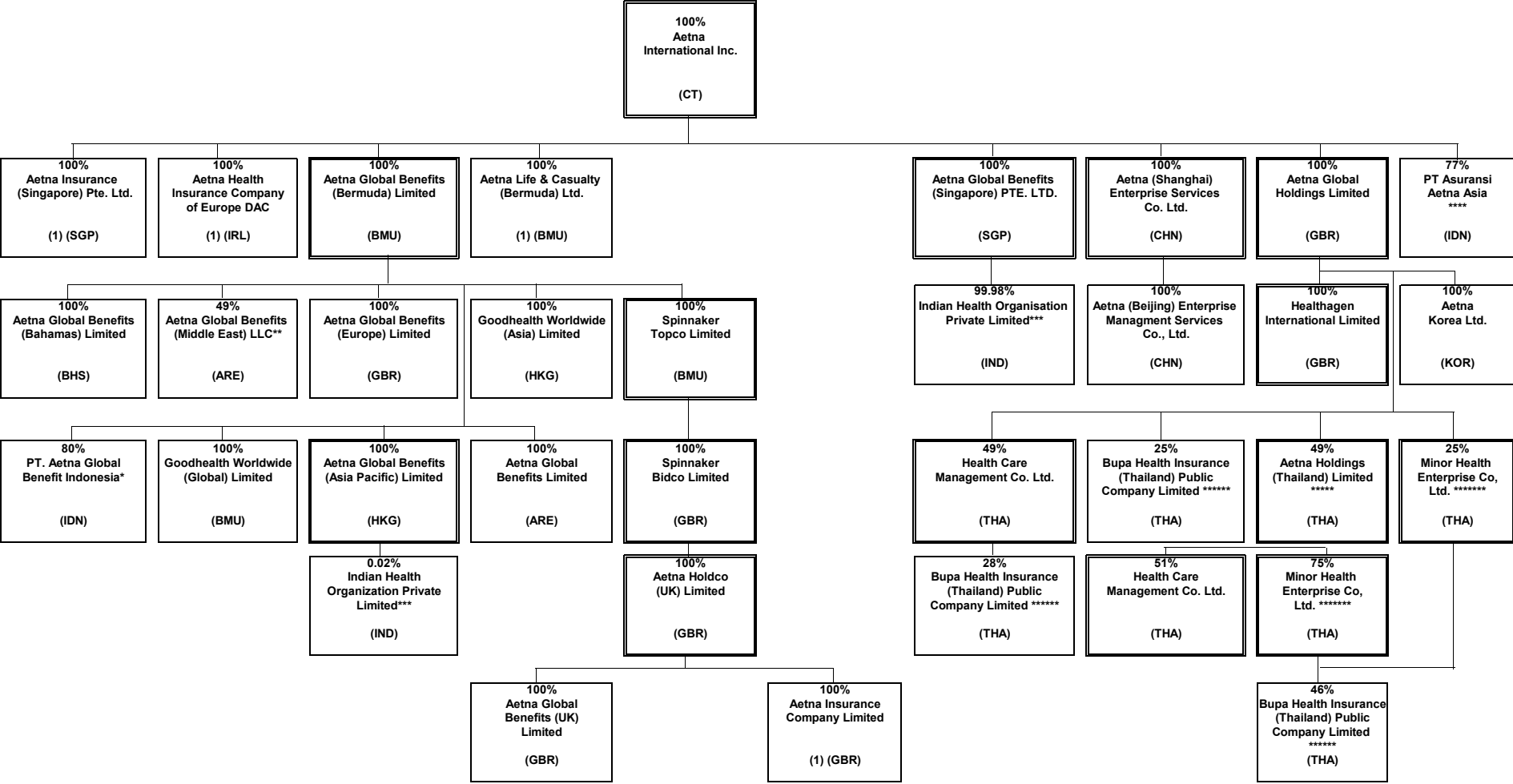


(1) Insurers/HMO's  
Percentages are rounded to the nearest whole percent and based on ownership of voting rights.  
Double borders indicate entity has subsidiaries shown on the same page.  
Bold borders indicate entity has subsidiaries shown on a separate page.

\*55% is owned by AUSHC Holdings, Inc. and 45% is owned by third parties.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



\*Aetna Global Benefits Indonesia is 80% owned by Aetna Global Benefits (Bermuda) Limited and 20% is owned by Suhatsyah Rival, Aetna's Nominee.  
\*\*Aetna Global Benefits (Middle East) LLC is 49% owned by Aetna Global Benefits (Bermuda) Limited and 51% is owned by Euro Gulf LLC, Aetna's Nominee.  
\*\*\*Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.  
\*\*\*\*PT Asuransi Aetna Asia is 77% owned by Aetna International Inc. and 23% owned by PT Asuransi Central Asia.  
\*\*\*\*\*Aetna Holdings (Thailand) Limited is 51% owned by Mr. Paiboon Sutantivorakoon  
\*\*\*\*\*Bupa Health Insurance (Thailand) Public Company Limited is 46% owned by Minor Health Enterprise Co, Ltd.; 25% owned by Aetna Global Holdings Limited; and 28% owned by Health Care Management Co. Ltd.  
and total 1% owned by Aetna Global Benefits (Bermuda) Limited (1 Share); Mr. Sansanapongpherchar (1 Share); Mr. Jitphasong Itsaraphakded (1 Share); Mrs. Suphee Wattana (1 Share); and Mr. Buncha Tamphragom (1 Share)  
\*\*\*\*\*Minor Health Enterprise Co, Ltd is 1 share owned by Aetna Global Benefits (Bermuda) Ltd



**PART 1 - ORGANIZATIONAL CHART**

```

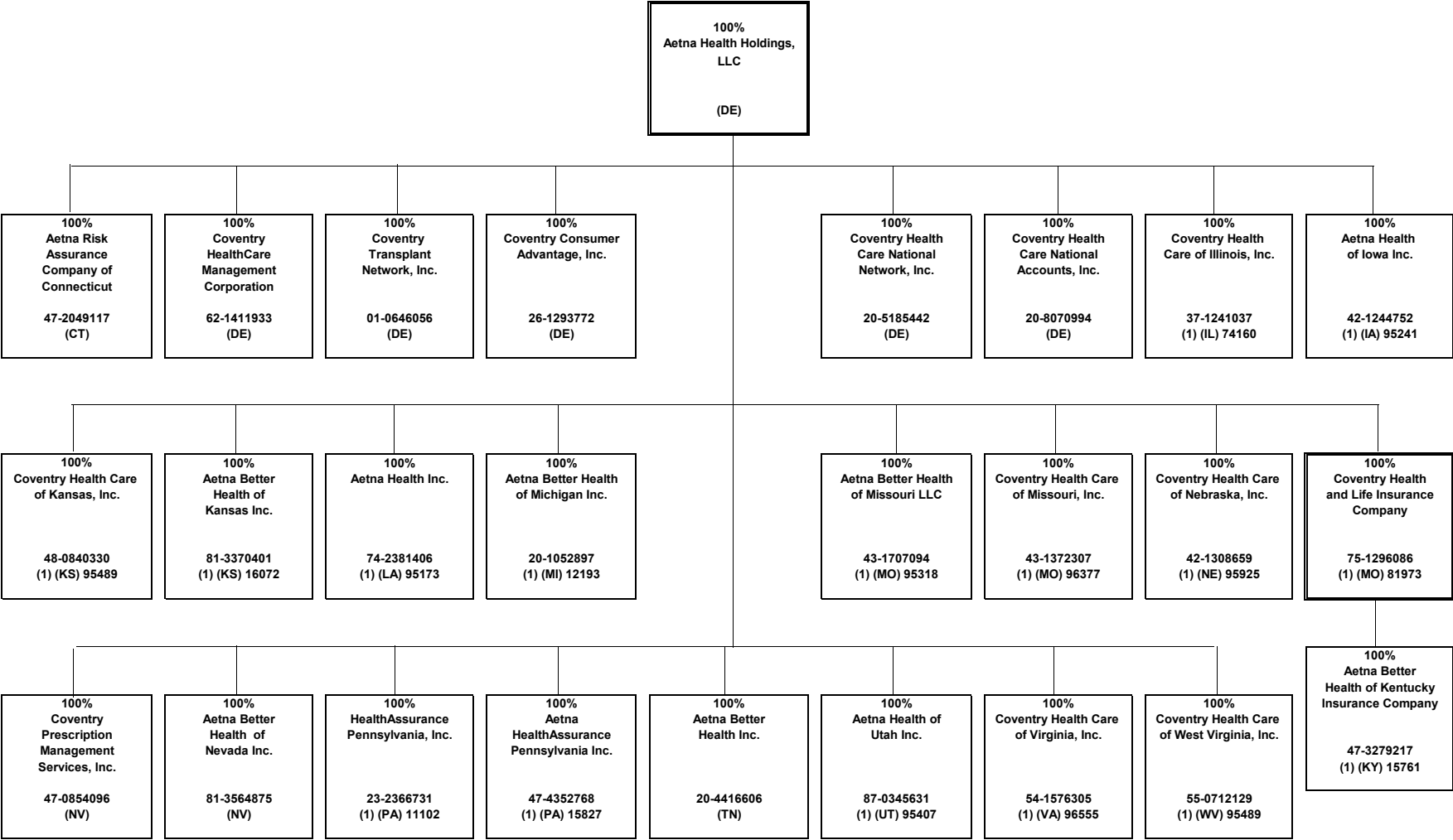
graph TD
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Aetna Health Holdings, LLC  
  
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95-3402799  
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(FL)"]
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81-1143850  
(1) (OK) 15919"]
    A --- AB["100%  
Aetna Better Health of Washington, Inc.  
  
81-5030233  
(1) (WA) 16242"]
    A --- AC["100%  
Aetna Better Health of North Carolina Inc.  
  
82-3333789  
(1) (NC)"]
    
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Schaller Anderson Medical Administrators, Incorporated  
  
(DE)"]
    A --- AE["100%  
Cofinity, Inc.  
  
(DE)"]
    A --- AF["100%  
Aetna Specialty Pharmacy, LLC  
  
(DE)"]
    A --- AG["100%  
Aetna Health Management, LLC  
  
(DE)"]
    A --- AH["100%  
Aetna RX Home Delivery, LLC  
  
(DE)"]
    A --- AI["100%  
Aetna Ireland Inc.  
  
(DE)"]
    A --- AJ["100%  
@ Credentials Inc.  
  
(DE)"]
    A --- AK["100%  
iTriage, LLC  
  
(DE)"]
    A --- AL["100%  
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(SC)"]
    A --- AM["100%  
Aetna Medicaid Administrators  
  
(AZ)"]
    A --- AN["100%  
Aetna Student Health Agency Inc.  
  
(MA)"]
    A --- AO["100%  
Delaware Physicians Care, Incorporated  
  
73-1702453  
(1) (DE)"]
  
```

The organizational chart for Aetna Health Holdings, LLC (DE) shows a hierarchical structure. The parent company, Aetna Health Holdings, LLC (DE), is at the top. It has 12 direct subsidiaries: Aetna Health of California Inc. (CA), Aetna Health Inc. (CT), Aetna Health Inc. (FL), Aetna Health Inc. (GA), Aetna Health Inc. (ME), Aetna Health Inc. (MI), Aetna Health Inc. (NJ), Prodigy Health Group, Inc. (DE), Aetna Better Health Inc. (NY), Aetna Health Inc. (NY), Aetna Health Inc. (TX), Aetna Dental of California Inc. (CA), Aetna Dental Inc. (NJ), Aetna Dental Inc. (TX), Aetna Better Health Inc. (CT), Aetna Florida Inc. (FL), and Aetna Better Health of California Inc. (CA). The chart also shows a large number of other subsidiaries, including Aetna Better Health Inc. (GA), Aetna Better Health Inc. (IL), Aetna Better Health of Iowa Inc. (IA), Aetna Better Health, Inc. (LA), Aetna Better Health Inc. (NJ), Aetna Better Health Inc. (OH), Aetna Better Health Inc. (PA), Aetna Better Health of Texas Inc. (TX), Aetna Better Health of Oklahoma Inc. (OK), Aetna Better Health of Washington, Inc. (WA), Aetna Better Health of North Carolina Inc. (NC), Schaller Anderson Medical Administrators, Incorporated (DE), Cofinity, Inc. (DE), Aetna Specialty Pharmacy, LLC (DE), Aetna Health Management, LLC (DE), Aetna RX Home Delivery, LLC (DE), Aetna Ireland Inc. (DE), @ Credentials Inc. (DE), iTriage, LLC (DE), Strategic Resource Company (SC), Aetna Medicaid Administrators (AZ), Aetna Student Health Agency Inc. (MA), and Delaware Physicians Care, Incorporated (DE).

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

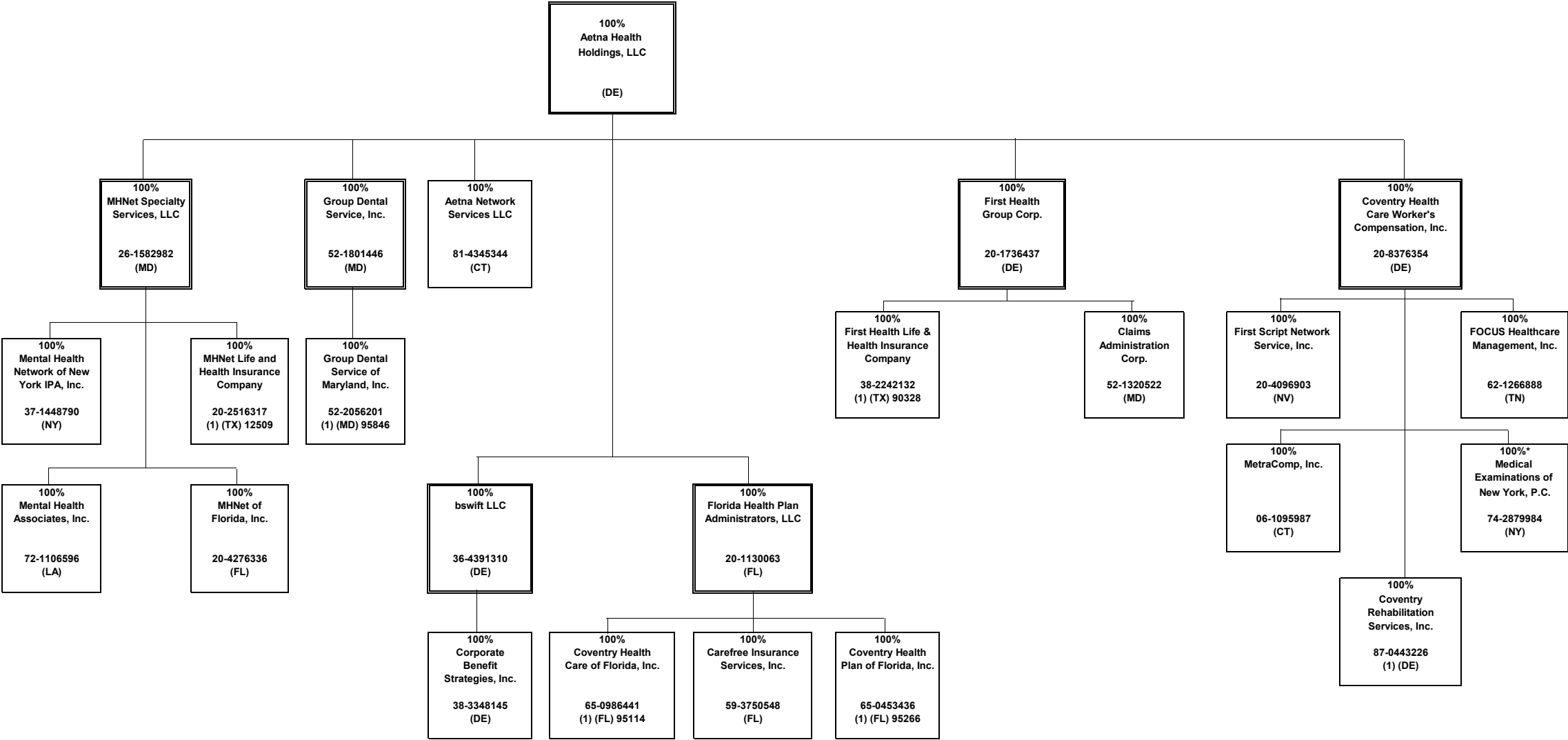
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

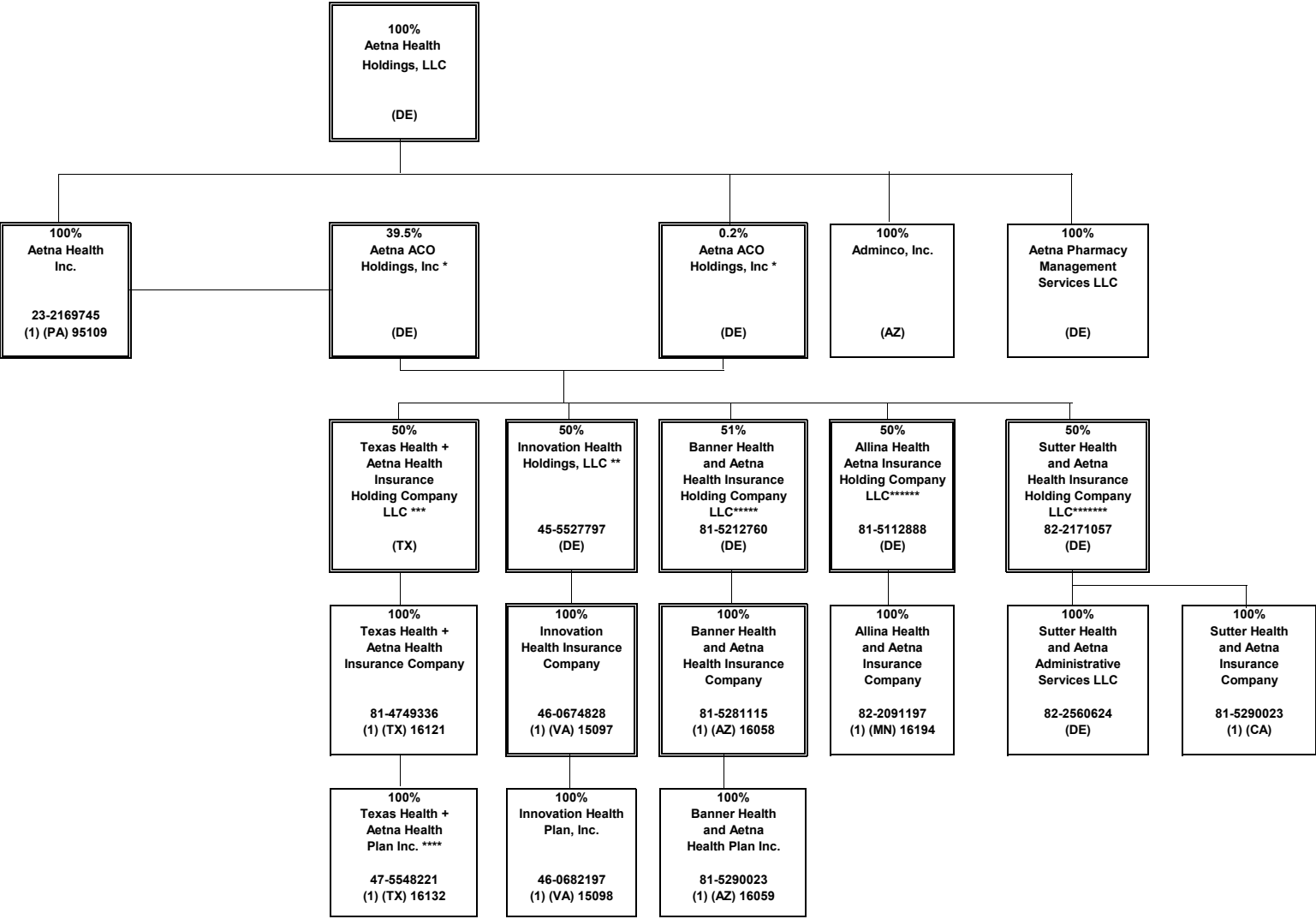
PART 1 - ORGANIZATIONAL CHART



\*100% owned through Aetna's nominees

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

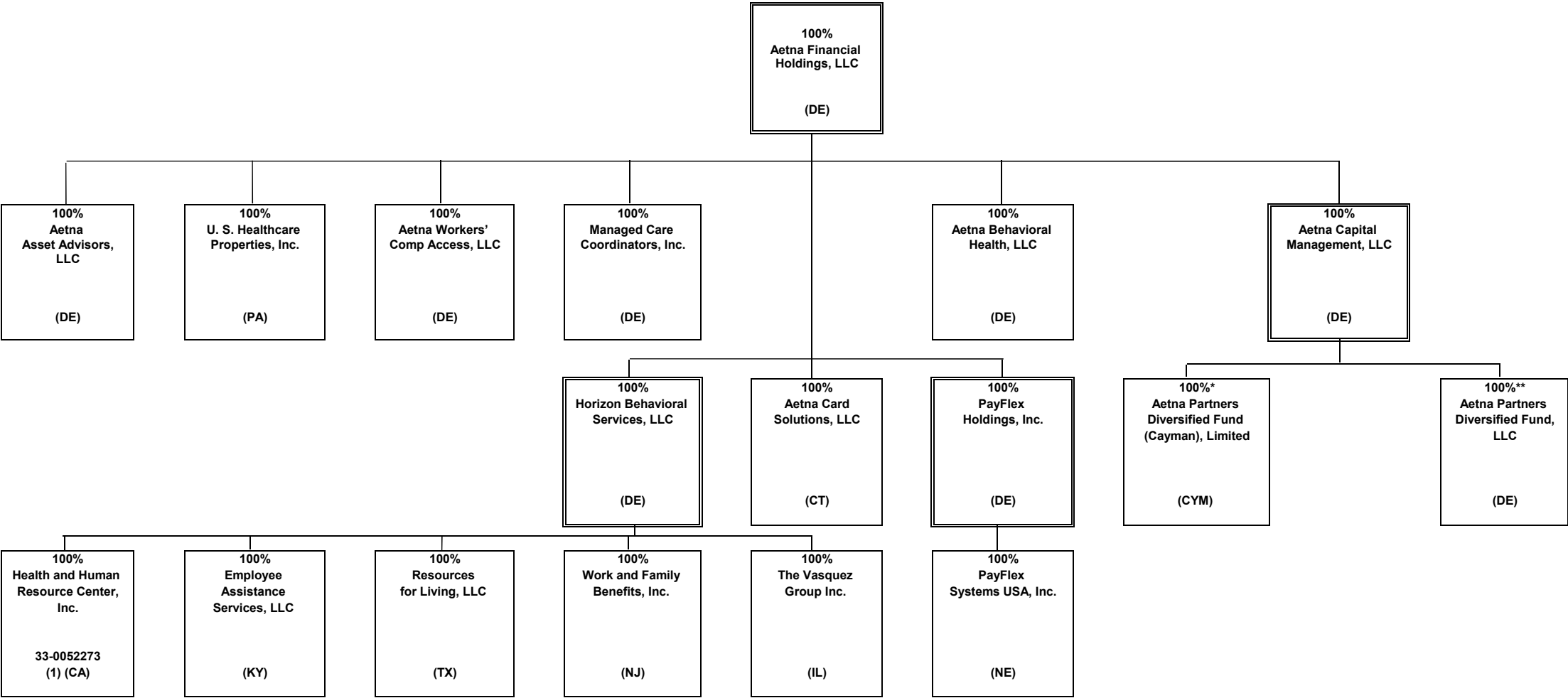
PART 1 - ORGANIZATIONAL CHART



\* Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).  
\*\* Innovation Health Holdings, LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Inova Health System Foundation.  
\*\*\* Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Texas Health Resources.  
\*\*\*\* Texas Health + Aetna Health Plan Inc. became a direct subsidiary of Texas Health + Aetna Health Insurance Company February 2017.  
\*\*\*\*\* Banner Health and Aetna Health Insurance Holding Company LLC is 51% owned by Aetna ACO Holdings Inc. and 49% owned by Banner Health.  
\*\*\*\*\* Allina Health and Aetna Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Allina Health.  
\*\*\*\*\*Sutter Health and Aetna Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Sutter Health Plan Products Organization, LLC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

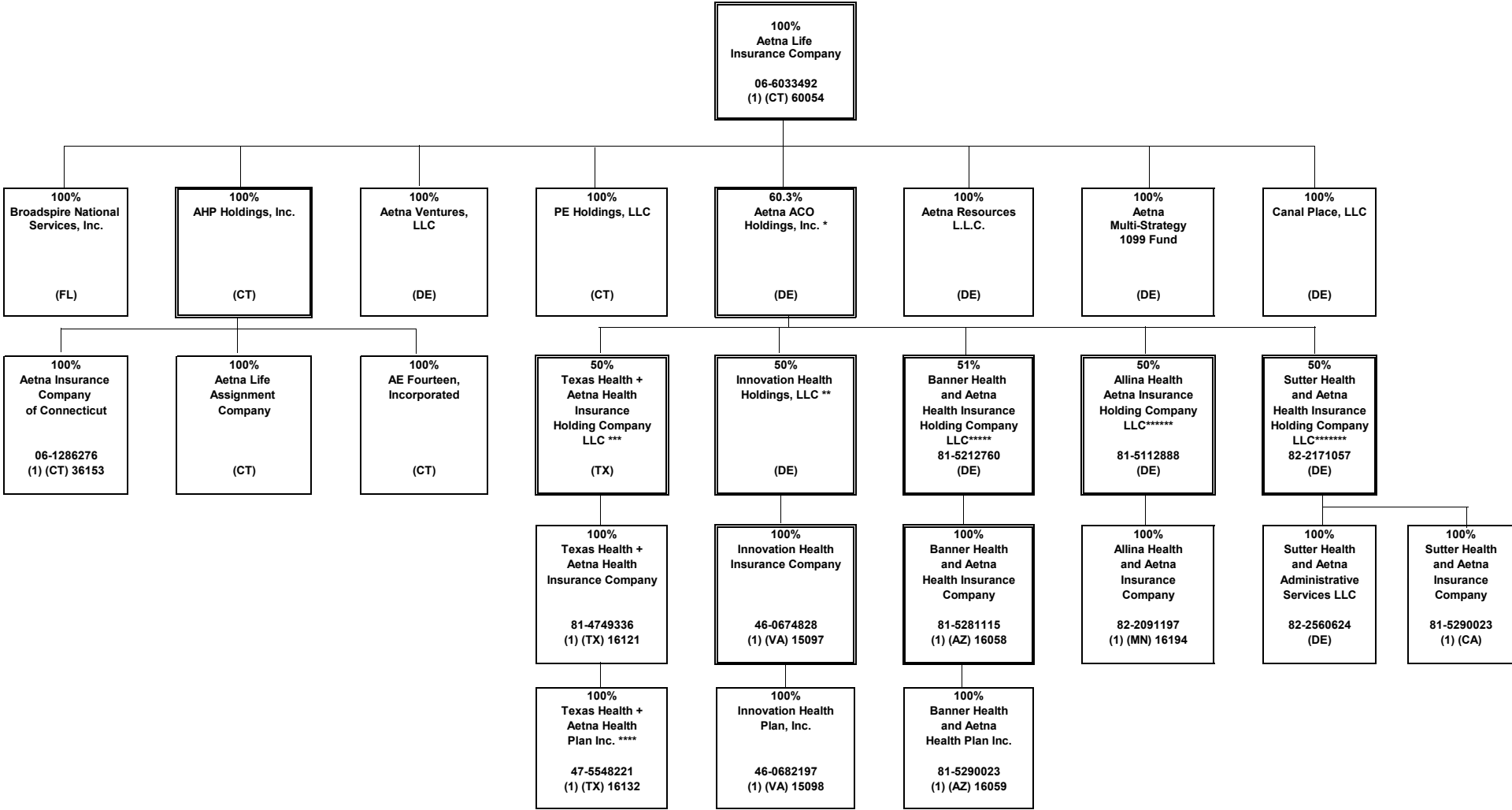
PART 1 - ORGANIZATIONAL CHART



\* Aetna Life Insurance Company owns the Class C participating shares of Aetna Partners Diversified Fund (Cayman), Limited.  
\*\* Aetna Life Insurance Company, Aetna Health and Life Insurance Company and Aetna Health Management , LLC own substantially all of the non-managing member interests of Aetna Partners Diversified Fund, LLC.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT  
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

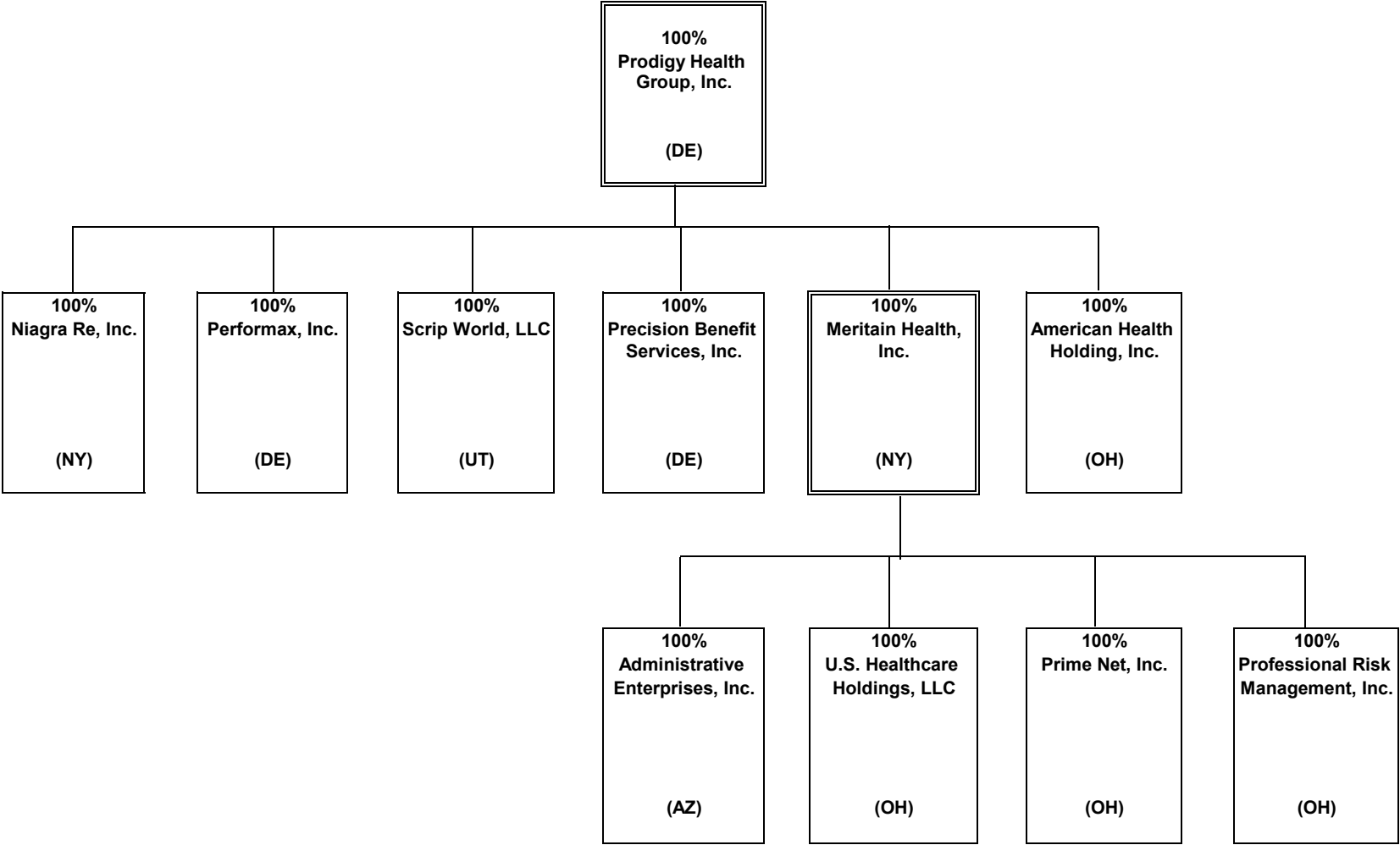
PART 1 - ORGANIZATIONAL CHART



\* Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).  
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\*\*\*\*\* Allina Health and Aetna Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Allina Health.  
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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AETNA INSURANCE COMPANY OF CONNECTICUT

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 11

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1104.	0 .....	0	0	0	0
1105.	0 .....	0	0	0	0
1197.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	0 .....	0	0	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

Additional Write-ins for Liabilities Line 25

		1	2
		Current Year	Prior Year
2504.	0 .....	0	0
2505.	0 .....	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	0



ALPHABETICAL INDEX

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Cash Flow ..... 5

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Exhibit of Nonadmitted Assets ..... 13

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Schedule A - Part 3 ..... E03

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Schedule B - Part 1 ..... E04

Schedule B - Part 2 ..... E05

Schedule B - Part 3 ..... E06

Schedule B - Verification Between Years ..... SI02

Schedule BA - Part 1 ..... E07

Schedule BA - Part 2 ..... E08

Schedule BA - Part 3 ..... E09

Schedule BA - Verification Between Years ..... SI03

Schedule D - Part 1 ..... E10

Schedule D - Part 1A - Section 1 ..... SI05

Schedule D - Part 1A - Section 2 ..... SI08

Schedule D - Part 2 - Section 1 ..... E11

Schedule D - Part 2 - Section 2 ..... E12

Schedule D - Part 3 ..... E13

Schedule D - Part 4 ..... E14

Schedule D - Part 5 ..... E15

Schedule D - Part 6 - Section 1 ..... E16

Schedule D - Part 6 - Section 2 ..... E16

Schedule D - Summary By Country ..... SI04

Schedule D - Verification Between Years ..... SI03

Schedule DA - Part 1 ..... E17

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Schedule DB - Part A - Section 1 ..... E18

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Schedule DB - Part A - Verification Between Years ..... SI11

Schedule DB - Part B - Section 1 ..... E20

Schedule DB - Part B - Section 2 ..... E21

Schedule DB - Part B - Verification Between Years ..... SI11

Schedule DB - Part C - Section 1 ..... SI12

Schedule DB - Part C - Section 2 ..... SI13

Schedule DB - Part D - Section 1 ..... E22

Schedule DB - Part D - Section 2 ..... E23

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Schedule DL - Part 1 ..... E24

Schedule DL - Part 2 ..... E25

Schedule E - Part 1 - Cash ..... E26

Schedule E - Part 2 - Cash Equivalents ..... E27

Schedule E - Part 3 - Special Deposits ..... E28

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